My Name					
Address					
City, State, Zip	<u></u>				
Phone					
E-mail					
<u></u>					
I am the Defendant Attorney for the Defendant and m	v Utah Bar number is				
Attorney for the berendant and in	y Otali Bai Humber is				
JUSTICE COURT OF DAVIS COUNTY					
800 West State Street, Courtroom 2					
PO Box 618, Farmington, Utah 84025					
Phone: 801-451-4488					
	Counter Affidavit and Summons				
Plaintiff	Coop Number				
V.	Case Number				
	Judge Jerald L. Jensen				
Defendant					
And					
Defendant					
I swear that the following is true.					
(1) Plaintiff owes me _\$	for the claim described in paragraph (2).				
for a total of: \$					
plus prejudgment, if qualified for prejudgment interest.					

(2)	The events happened on (date). My claim is based of the following facts.	on		
(3)				
(4)	I am not suing on a claim that has been assigned to me.			
I have	not included any non-public information in this document.			
Date	: Sign here ▶			
Printed Name. Defendant or Defendant's Agent				
identifi	y that, who is known to me or who presented satisfactory cation, has, while in my presence and while under oath or affirmation, voluntarily signed this ent and declared that it is true.			
Date	: Sign here ▶			
Notary or Court Clerk				
	Notary Seal			

## **Summons**

The State of Utah to the Plaintiff:

You are summoned to appear at trial to answer the above claim. The trial will be held at the court address shown above. If you fail to appear, judgment may be entered against you for the total amount claimed.					
The original trial date	e original trial date				
Date	Time : 🗌 a.m.	☐ p.m.			
Room					
<b>Notice to the Plaintiff.</b> A small claims case has been filed against you. This imposes upon you certain rights and responsibilities. You may obtain small claims information and instructions at <a href="https://www.utcourts.gov/howto/">www.utcourts.gov/howto/</a>					
<b>Disability Accommodations.</b> If you need accommodation of a disability, contact a judicial service assistant at least 3 days before the hearing.					
Date:	Sign here ▶				
Court Clerk					
Certificate of Service					
I certify that I mailed a copy of this Counter Affidavit to the following people.					
Person's Name	Address	Date Sent			
Date	Sign here ▶				
	Court Clerk				
	Our Olerk				